Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING HAL081014 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD **BROOKDALE FOREST CITY** FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) D 000 **Initial Comments** D 000 The Adult Care Licensure Section completed an annual survey on November 12, 2019 and November 13, 2019. 10A NCAC 13F .0505 D 164 10A NCAC 13F .0505 Training On Care Of Date completed: 11/18/19 10A NOAC 13F, 10903

1. Training will be provided by a RN.

2. a - i These topics will be covered during the training, documentionation will be turned into the BOC, verified by Diabetic Resident Ongoing afte each training 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 5 sampled Medication Aides (Staff A) who administered insulin to Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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FMJ511

If continuation sheet 1 of 8

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I EAR OF CONNECTION		ISELTIN TO THOM TO THOM SET IN	A. BUILDING:				
		HAL081014	B. WING	. WING		11/13/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BROOKDALE FOREST CITY 493 PINEY RIDGE ROAD							
FOREST CITY, NC 28043							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
D 164	Continued From page 1		D 164				
		training on the care of or to the administration of					
	The findings are:			я			
	Review of Staff A, Medication Aide (MA),						
	personnel record revealed: -Staff A was hired on 09/30/19.						
	-There was no documentation that Staff A had received training on the care of diabetic residents.					2	
	Review of a resident electronic Medication Administration Record (eMAR) for November						
	2019 revealed Staff A had documented she had administered insulin injections to a resident on 11/04/19 to 11/07/19, and 11/09/19 to 11/12/19 at						
	8:00pm. Attempted telephone 11/13/19 at 3:04pm w	interview with Staff A on as unsuccessful.					
	1:05pm revealed:	rporate Nurse on 11/13/19 at					
	the MA.	for the diabetic training for					
	-She did not complete -Staff A did not receiv hired.	e Staff A's training. e diabetic training since					
	Interview with the Bus (BOM) on 11/13/19 at	siness Office Manager t 3:19pm revealed:		9			
	-The Health and Well responsible for sched with the Corporate No	uling the diabetic training					
	-She was responsible	e for auditing personnel and the Administrator a					
	report of missing docu upcoming training ne	uments, expired training, or eded by personnel.					
	-She did not know wh	y Staff A had not received					

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(a) (1) Kitchen, dining, and food storage areas were cleaned organized, and protected from contamination by dining service manager, verified by ED.
Weekly rounds will be conducted by ED and dining service manager for compliance with log documentation including:
*All food dated and labeled
*No food stored on floor Date done by: 11/25/19 Ongoing D 282 D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care *Nothing stored less than 18" from ceiling Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews the facility

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-There was sweet potato waffle fries in a clear

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-Food should not have been stored on the floor.
-All food items should have been packaged,

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services.

-She was unaware the only menu available on 11/12/19 in dietary was for 11/12/19 for meal

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